Product-Plan Data Collection

Company Legal Name: HIOS Issuer ID: Effective Date of Rate Change(s):

Highmark BCBSD Inc. 76168 1/1/2019 State: Market: DE Small Group

Section I: General Product and Plan Information																					
Product	Shared Cost EPO Bas						Shared	Cost EPO						S	Shared Cost EPO Basi	c		н	ealth Savings EPO H.	AS	
Product ID:	76168DE043						7616	8DE049							76168DE050		76168DE051				
Metal:	Silver	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Gold	Gold	Gold	Gold	Silver	Bronze	Platinum	Platinum	Platinum	Gold	
AV Metal Value	0.717	0.891	0.896	0.906	0.818	0.806	0.810	0.819	0.818	0.720	0.812	0.817	0.774	0.785	0.720	0.614	0.906	0.920	0.906	0.817	
AV Pricing Value	0.010	1.235	1.247	1.270	1.087	1.051	1.069	1.128	1.120	0.010	1.075	1.100	1.033	1.028	0.905	0.773	1.151	1.169	1.192	1.065	
Plan Category	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	
																	Health Savings	Health Savings	Health Savings	Health Savings	
Plan Name	Shared Cost EPO	Shared Cost EPO	Shared Cost EPO	Shared Cost EPO 0	Shared Cost EPO	Shared Cost EPO	Shared Cost EPO 0	Shared Cost EPO 0	Shared Cost EPO 0	Shared Cost EPO	Shared Cost EPO	EPO HSA 1800 100	EPO HSA 1600 100	EPO HSA 1350 100	EPO HSA 2000						
	Basic 2000 75	500 100	250 100	150	1200 100	1000 80	70	500	250	2000 100	1500 100	750 100	2000 100	Basic 1000 75	Basic 2000 75	Basic 6600 75	С	С	С	100	
Plan ID (Standard Component ID):	76168DE0430002	76168DE0490001	76168DE0490002	76168DE0490003	76168DE0490005	76168DE0490007	76168DE0490008	76168DE0490009	76168DE0490010	76168DE0490011	76168DE0490013	76168DE0490014	76168DE0490015	76168DE0500001	76168DE0500002	76168DE0500004	76168DE0510001	76168DE0510002	76168DE0510010	76168DE0510011	
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2	11.45%						13	3.57%							10.49%				11.88%		
Historical Rate Increase - Calendar Year - 1	3.01%						2.	.09%							2.85%				4.19%		
Historical Rate Increase - Calendar Year 0	0.00%						-1	69%							2.70%				0.07%		
Effective Date of Proposed Rates	1/1/2017	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2017	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	
Rate Change % (over prior filing)	0.00%	3.72%	3.74%	3.79%	3.64%	2.57%	4.02%	3.21%	3.56%	0.00%	4.33%	3.86%	3.77%	2.23%	2.84%	3.26%	3.82%	3.41%	3.81%	3.44%	
Cum'tive Rate Change % (over 12 mos prior)	0.00%	5.35%	5.37%	5.42%	5.27%	4.18%	5.66%	4.83%	5.19%	0.00%	5.96%	5.49%	5.40%	3.84%	4.45%	4.88%	5.45%	5.03%	5.44%	5.06%	
Proj'd Per Rate Change % (over Exper. Period)	-100.00%	6.11%	6.41%	8.57%	8.82%	6.51%	11.52%	6 10.41%	8.06%	-100.00%	#DIV/0!	#DIV/0!	#DIV/0!	5.75%	11.19%	13.09%	9.85%	8.97%	9.05%	9.68%	
Product Rate Increase %	0.00%						5	36%							4 64%		5 17%				

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	76168DE0430002	76168DE0490001	76168DE0490002	76168DE0490003	76168DE0490005	76168DE0490007	76168DE0490008	76168DE0490009	76168DE0490010	76168DE0490011	76168DE0490013	76168DE0490014	76168DE0490015	76168DE0500001	76168DE0500002	76168DE0500004	76168DE0510001	76168DE0510002	76168DE0510010	76168DE0510011
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Average Current Rate PMPM	\$640.71	\$0.00	\$771.98	\$779.62	\$793.49	\$679.98	\$664.45	\$666.23	\$708.77	\$701.43	\$0.00	\$668.01	\$687.11	\$645.71	\$652.45	\$570.89	\$485.80	\$719.03	\$733.02	\$744.82	\$667.74
Projected Member Months	271,092	0	2,088	6,756	1,992	9,228	3,072	84	2,892	2,424	0	5,136	11,604	41,580	300	1,368	2,724	4,416	1,608	3,300	33,168

tion III: Experience Period Information

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	Total	76168DE0430002			76168DE0490003				76168DE0490009	76168DE0490010			76168DE0490014		5168DE0500001		76168DE0500004	76168DE0510001		76168DE0510010	
Plan Adjusted Index Rate	\$606.25	\$526.58	\$752.55	\$758.01	\$756.52	\$645.91	\$638.14	\$619.81	\$660.83	\$670.46	\$564.88	\$0.00	\$0.00	\$0.00	\$629.05	\$526.58	\$442.40	\$677.76	\$693.73	\$707.13	
Member Months	246,585	124	2,677	7,278	2,108	10,216	3,042	70	3,064	2,279	42,901	0	0	0	61	933	1,684	985	1,394	745	37,224
Total Premium (TP)	\$140,403,377	\$67,038	\$1,847,264	\$5,062,772	\$1,397,785	\$6,319,317	\$1,813,235	\$37,576	\$1,869,839	\$1,346,937	\$23,177,326	\$0	\$0	\$0	\$40,879	\$434,407	\$689,526	\$646,284	\$923,645	\$534,758	\$21,254,501
EHB Percent of TP, [see instructions]	99.91%	99.90%	99.92%	99.92%	99.92%	99.92%	99.91%	99.90%	99.91%	99.91%	99.90%	100.00%	100.00%	100.00%	99.92%	99.89%	99.87%	99.92%	99.92%	99.93%	99.91%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.09%	0.10%	0.08%	0.08%	0.08%	0.08%	0.09%	0.10%	0.09%	0.09%	0.10%	0.00%	0.00%	0.00%	0.08%	0.11%	0.13%	0.08%	0.08%	0.07%	0.09%
Total Allowed Claims (TAC)	\$127,209,256	\$78.011	\$1,739,718	\$4.838.950	\$967.392	\$5,159,929	\$1,283,477	\$19,794	\$1.877.063	\$732,029	\$19.079.280	\$0	\$0	\$0	\$3,215	\$267.670	\$489,642	\$481.159	\$1.189.778	\$447,462	\$20,612,921
EHB Percent of TAC, [see instructions]	99.91%	99.93%	99.93%	99.93%	99.90%	99.91%	99.90%	99.84%	99.93%	99.86%	99.90%	100.00%	100.00%	100.00%	99.17%	99.85%	99.85%	99.91%	99.95%	99.93%	99.92%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.09%	0.07%	0.07%	0.07%	0.10%	0.09%	0.10%	0.16%	0.07%	0.14%	0.10%	0.00%	0.00%	0.00%	0.83%	0.15%	0.15%	0.09%	0.05%	0.07%	0.08%
Allowed Claims which are not the issuer's obligation:	\$17,089,868	\$26,391	\$62,314	\$292,596	\$74,622	\$523,582	\$168,258	\$2,925	\$163,022	\$93,504	\$2,731,567	\$0	\$0	\$0	\$1,938	\$91,693	\$166,765	\$85,276	\$187,340	\$100,292	\$3,067,349
Portion of above payable by HHS's funds on behalf of insured person, in dollars	¢n.	co	ćo.		**			60	ćo.	ćo.	60	60	60	60	60	ćo		ćo.			
Portion of above payable by HHS on behalf	\$0	\$0	\$0	\$0	50	\$0	50	\$0	50	ŞU	50	\$0	50	\$0	\$0	ŞU	\$0	\$0	\$0	\$0	\$0
of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/01	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$110,119,388	\$51,620	\$1,677,404	\$4,546,354	\$892,769	\$4,636,347	\$1,115,218	\$16,869	\$1,714,042	\$638,526	\$16,347,713	\$0	\$0	\$0	\$1,277	\$175,977	\$322,877	\$395,883	\$1,002,437	\$347,170	\$17,545,572
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk Adjustment Transfer Amount	\$1,437,654.11	\$11,218.66	-\$151,399.91	-\$1,277,838.86	\$169,871.75	-\$508,637.23	\$110,949.55	-\$23,565.91	-\$68,120.05	\$526,299.42	\$3,890,250.35	\$0.00	\$0.00	\$0.00	\$28,441.67	\$154,303.34	\$325,514.96	\$38,413.70	-\$155,563.25	-\$193,022.81	-\$3,192,317.43
Incurred Claims PMPM	\$446.58	\$416.29	\$626.60	\$624.67	\$423.51	\$453.83	\$366.61	\$240.98	\$559.41	\$280.18	\$381.06	#DIV/0!	#DIV/0!	#DIV/0!	\$20.94	\$188.61	\$191.73	\$401.91	\$719.11	\$466.00	\$471.35
Allowed Claims PMPM	\$515.88	\$629.12	\$649.88	\$664.87	\$458.91	\$505.08	\$421.92	\$282.77	\$612.62	\$321.21	\$444.73	#DIV/0!	#DIV/0!	#DIV/0!	\$52.70	\$286.89	\$290.76	\$488.49	\$853.50	\$600.62	\$553.75
EHB portion of Allowed Claims, PMPM	\$515.44	\$628.68	\$649.44	\$664.43	\$458,47	\$504.64	\$421.48	\$282.33	\$612.18	\$320.77	\$444.29	#DIV/01	#DIV/01	#DIV/01	\$52.26	\$286.45	\$290.32	\$488.05	\$853.06	\$600.18	\$553.31

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	76168DE0430002	76168DE0490001	76168DE0490002	76168DE0490003	76168DE0490005	76168DE0490007	76168DE0490008	76168DE0490009	76168DE0490010	76168DE0490011	76168DE0490013	76168DE0490014	76168DE0490015	76168DE0500001	76168DE0500002	76168DE0500004	76168DE0510001	76168DE0510002	76168DE0510010	76168DE0510011
Plan Adjusted Index Rate	\$661.47	\$0.00	\$798.55	\$806.63	\$821.33	\$702.87	\$679.68	\$691.18	\$729.60	\$724.47	\$0.00	\$695.04	\$711.73	\$668.29	\$665.24	\$585.52	\$500.29	\$744.49	\$755.99	\$771.13	\$688.85
Member Months	271,092	-	2,088	6,756	1,992	9,228	3,072	84	2,892	2,424	-	5,136	11,604	41,580	300	1,368	2,724	4,416	1,608	3,300	33,168
Total Premium (TP)	\$170,359,283	\$0	\$1,584,063	\$5,177,323	\$1,554,352	\$6,161,998	\$1,983,654	\$55,158	\$2,004,565	\$1,668,383	\$0	\$3,391,362	\$7,846,313	\$26,399,097	\$189,600	\$760,965	\$1,294,708	\$3,123,411	\$1,154,891	\$2,417,578	\$21,706,110
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other																					
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$165,526,492	\$0	\$1,369,533	\$4,431,305	\$1,306,566	\$5,684,280	\$1,892,296	\$51,742	\$1,781,419	\$1,493,140	\$0	\$3,163,683	\$7,147,853	\$25,612,523	\$184,795	\$803,651	\$1,553,643	\$2,896,483	\$1,054,698	\$2,164,492	\$20,430,884
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other																					
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$25,259,522	\$0	\$65,279	\$168,506	\$26,775	\$610,739	\$259,035	\$6,328	\$130,941	\$119,461	\$0	\$371,372	\$687,515	\$3,876,570	\$28,686	\$177,103	\$487,633	\$324,792	\$103,807	\$173,955	\$2,558,948
Portion of above payable by HHS's funds on																					
behalf of insured person, in dollars	\$0	SO.	\$0	SO.	\$0	\$n	\$n	SO.	\$n	\$0	\$n	SO.	\$0	\$0	SO.	\$0	\$0	\$0	SO.	\$n	so.

Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$140,266,970	\$0	\$1,304,254	\$4,262,799	\$1,279,790	\$5,073,541	\$1,633,261	\$45,415	\$1,650,478	\$1,373,679	\$0	\$2,792,311	\$6,460,338	\$21,735,953	\$156,109	\$626,548	\$1,066,010	\$2,571,691	\$950,890	\$1,990,536	\$17,871,936
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk Adjustment Transfer Amount	-\$3,058,765	\$0	-\$23,559	-\$76,229	-\$22,476	-\$104,121	-\$34,662	-\$948	-\$32,631	-\$27,350	\$0	-\$57,950	-\$130,929	-\$469,152	-\$3,385	-\$15,435	-\$30,735	-\$49,826	-\$18,143	-\$37,234	-\$374,239